were several other necrotic patches within eighteen inches of the obstructed point. For about half an inch from the pylorus the duodenum was thinner than normal, and the peritoneum over it was puckered. The duodenum was quite healthy, and presented no traces of past or recent ulceration.—*British Medical Journal*, May 12, 1894.

IV. On Omphalo-Properitoneal Hernia. By Drs. DEMONS and BINAUD. These authors describe a variety of hernia *à double sac*, characterized by the existence of a diverticular sac between the peritoneum and the posterior layer of the abdominal wall, and communicating with the principal sac of the hernia. This variety of hernia was first described in France by Pelletan (1810) and Parize (1852). It has since been written of in Germany by Froriep, Janzer, and Streubel; and in England by Cock, Birkett, and Hilton. It was not well known, however, until the two important memoirs of Krönlein were published, the first in 1876 (*Archiv für klinischen Chirurgie*, Bd. XIX, p. 408) and the second in 1880 (*Archives générales de Médecine*, Tome II, p. 414).

The cases collected by Krönlein made a total of twenty-four. Twenty-three of these were of the inguino-properitoneal variety, and a single case was of cruro-properitoneal hernia. He had not found any report of this anomaly occurring in connection with umbilical hernia.

The honor of first recognizing a case of omphalo-properitoneal hernia is due to Professor Félix Terrier (*Considérations cliniques sur la hernie ombilicale étranglée: in Bulletin et Mém. de la Société de Chirurgie de Paris*, 1881, p. 19). The case was that of a woman, seventy-seven years of age, who had carried a large irreducible umbilical hernia for over twenty years. Symptoms of strangulation developed, and an operation was done on the fifth day. The umbilical sac contained strangulated intestine and omentum; and communicating with this sac was a second independent sac lying behind the abdominal wall and containing deeply congested intestine. The gut was relieved, but the patient died after a few hours.

The second observation of such a case was made by Sänger, of Leipzig, in 1891 (*Zur radical Operation grosser, nicht eingeklemmter Nabelbrüche; Centralblatt für Gynäkologie*, XIV, 27, 1890). A tumor, the size of an apple, appeared at the umbilicus of his patient during pregnancy. A second tumor, just beyond the first and three times its size, could be made out by having the patient in the kneeling position. He opened the superficial sac, and excised the contained omentum. Just above this, and lying between the peritoneum and abdominal wall, was a second independent sac, also containing omentum, which the operator excised. The patient recovered.

The third case on record is that of Quénu, published in 1893 (Savariaud, *Bulletin de la Société anatomique de Paris, séance du trois mars*, 1893, p. 161). This umbilical hernia was observed in a woman forty-seven years of age, and was of two years' standing. The hernia was reducible, but painful at certain points. As it was reduced, the finger-tip passed into the ring, but still seemed unable to press the gut away from the opening, as could be demonstrated by percussion and palpation. Operation for radical cure revealed a very thick sac, communicating with which was a second sac lying just beneath the peritoneum, and it was from this sac that the gut could not be reduced by taxis.

Demons and Binaud report their case, which is the fourth of its kind. The patient, a woman, aged sixty-two, presented herself at the hospital Saint-André, suffering from strangulated umbilical hernia. A laparotomy was done twenty-four hours after the onset of the attack. The umbilical sac proper was found to contain a loop of strangulated gut and omentum, and communicating with this sac was a second sac, six centimetres long, lying below the umbilical ring and situated between the peritoneum and the abdominal wall. This sac contained a mass of omentum. The two sacs were dissected out and the patient made a satisfactory recovery.

These four are the only reported cases of omphalo-properitoneal hernia. The location of the diverticulum seems to vary. In one case, it was above the umbilical hernia, in two cases, it was below;

and the position is not stated in Quénu's case. The diverticulum in Terrier's case extended half-way to the pubes.

Two of the cases were enterocele, and two were epiplocele.

The diagnosis of this condition before operation must be made simply by palpation and percussion, and is not especially difficult in such a case as that of Quénu's, in which the finger passing down through the ring after the reduced hernia feels a herniated loop which cannot be dislodged, and which can be further identified by percussion. —*Archives provinciale de Chirurgie*, Tome II, No. 12.

JAMES P. WARBASSE (Brooklyn).

EXTREMITIES.

The Treatment of Varicose Veins. By Dr. ROBITZSCH (Leipzig). The newest treatment of varicose veins is that invented by Landerer. He has contrived a bandage which is applied to the vena saphena magna in such a way as to have a curative effect upon varicosities in the leg. This apparatus resembles a garter, the inner surface of which is armed with a parabolic spring carrying a cushion filled with water or glycerin. This band is applied below the knee with the pad on the inner side of the leg when the varicosities reach, as is usually the case, only to the knee. This pad is placed directly upon the great saphenous vein, which is prominent at this place. When the disease extends higher the band must be placed above the knee, but the cushion should always lie directly upon the dilated vein. The curve in the spring supporting the cushion prevents any pressure at one or the other sides of the vein; and the band should be so loosely applied that the finger can easily pass beneath it. Great care should be taken not to constrict the whole leg, but only the circulation in the vein should be controlled. In cases in which the disease extends as high as the fovea ovalis, where the saphena empties into the crural, a bandage should be applied, such as is used for crural hernia. It is also recommended to place a linen pad next to the skin, such as is placed beneath a truss; or an elastic band may be applied over the whole dressing.